(b) Ministry of Health & Family Welfare is doing medical rehabilitation of the leprosy cured persons. Ministry of Health and Family Welfare is also co-ordinating with Ministry of Social Justice & Empowerment for social & economic rehabilitation of leprosy cured persons.

Regulations on import and export of drugs and food items

1358. SHRIMATI SHOBHANA BHARTIA:
SHRI VIJAY JAWAHARLAL DARDA:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has called for stringent regulations on the import and export of drugs and food items to met the global competitions;

(b) if so, the details thereof;

(c) whether most of the drug and food items which are imported from various countries are not at all tested;

(d) if so, the facts thereof; and

(e) the manner in which the stringent regulations on the import and export of drugs and food items are likely to be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir. Existing provisions in law are sufficient to meet global standards.

(c) No, Sir.

(d) and (e) Do not arise.

Functioning of PHCs

1359. SHRI PRAVEEN RASHTRAPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether he is aware about stricture passed by the Hon'ble Supreme Court regarding functioning of Primary Health Centres all over the country;

(b) if so, the details of PHCs and the details of doctors and subordinate staff for each PHC all over the country, State-wise;

(c) whether it is a fact that the Supreme Court Bench has further remarked that not only PHCs, but also the situation in Government hospitals in the cities also is far from satisfactory; and

(d) what action is proposed by his Ministry to improve the health care system, particularly in the Rural India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir. No stricture were passed in respect of the functioning of Primary Health Centre (PHC), in any order of the Hon'ble Supreme Court. There was however, coverage in the newspaper regarding remarks of the learned judges.

(b) Does not arise.

(c) Does not arise.

(d) The endeavor of Government through NRHM is to provide accessible, affordable and quality health care to rural population, especially the vulnerable sections. Rural areas across the nation are being provided the primary health care services through a network of 145272 Sub Centres (SCs), 22370 Primary Health Centres (PHCs) and 4045 Community Health Centres (CHCs) as on March, 2007.Under National Rural Health Mission (NRHM), funds are released to State/UT Governments for upgradation of the existing SCs, PHCs and CHCs and for establishment of new SCs, PHCs and CHCs on the basis of annual Programme Implementation Plan (PIP) submitted by the States which are approved by the National Programme Coordination Committee (NPCC).These funds are released as a flexipool for States to be spent on the basis of activities prioritized by them under the Flexipool approved by the NPCC.

Health care in rural areas

1360.SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Reports submitted by various agencies like WHO and National Rural Health Mission have recommended for providing health care particularly in rural areas;

(b) if so, the details thereof; and

(c) what are the steps Government is taking in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The need for comprehensive improvements in health care delivery system particularly in Rural areas has been pointed out in several reports and forums.

To address this need, the Government has launched National Rural Health Mission (NRHM) on 12th April 2005 for the period 2005-2012. NRHM aims to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. Under NRHM, 18 States including Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan, eight North-East States, Himachal Pradesh and Jammu & Kashmir were classified as special focus States.

The thrust of NRHM is on establishing a fully functional, community owned, decentralized health delivery system. NRHM facilitates simultaneous action on collateral determinants of health like water, sanitation, education, nutrition, etc. Under NRHM Institutional integration has been carried out in the health sector and performance is benchmarked against Indian Public Health Standards. The NRHM seeks to compensate various gaps through enhanced funding, local untied and flexible funds and overall capacity building in the health system.

NRHM has been operationalised in all the States in a decentralized manner on basis of Annual State Programme Implementation Plans (PIPs) which are appraised/approved by the national Programme Coordination Committee at GoI level.